

Billing and Policy Rehabilitation Clinics Bulletin 351

January 2004

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.



Place of Service Billing Code Correction

The following two Place of Service codes used by outpatient rehabilitation facilities have been corrected in the provider manual. The single-digit Place of Service code is changed from "7" to "9" for Clinic – Outpatient Rehabilitation Facility (ORF) and Clinic – Comprehensive Outpatient Rehabilitation Facility (CORF). The single-digit Place of Service code should be used only for claims with dates of service prior to September 22, 2003. *This information is reflected on page 2 of the Code Correlation Guide at the end of the UB-92 Completion: Outpatient Services section of the provider manual (Part 2).*

Providers are reminded that Place of Service codes were converted to national facility type codes during the initial phase of the Health Insurance Portability and Accountability Act (HIPAA) implementation in September 2003. For claims with dates of service on or after September 22, 2003, national facility type code "74" for ORFs and "75" for CORFs must be used. *This information is reflected on manual replacement page rehab 4 (Part 2).*

Billing Correction: Hypercalcemia of Malignancy

The *Injections* section of the provider manual has been updated to correctly reflect that one of the ICD-9-CM diagnosis codes that may be billed with pamidronate is code 275.42 (hypercalcemia). The manual incorrectly listed 275.4 (disorders of calcium metabolism), which was phased out in 1997. An Erroneous Payment Correction (EPC) is being generated to adjust affected claims for dates of service on or after October 1, 1997.

This change is reflected on manual replacement page inject 33 (Part 2).

Use of Modifiers: Billing Reminder

Providers are reminded that up to four modifiers may be entered on outpatient UB-92 claims. Modifiers one and two must be entered immediately following the HCPCS code in the *HCPCS/Rates* field (Box 44) with no spaces. The remaining two modifiers are entered in Box 49 with no spaces. This information appears in the *UB-92 Completion: Outpatient Services* section of the Part 2 manual.

San Diego Medi-Cal Field Office Address and Telephone Changes

Effective October 31, 2003, the address and telephone numbers for the San Diego Medi-Cal Field Office (SDMFO) changed as follows. All SDMFO *Treatment Authorization Requests* (TARs) should now be submitted to the new address.

San Diego Medi-Cal Field Office
9555 Chesapeake Drive, Suite 203
San Diego, CA 92123-6394

(619) 688-4204
Toll-free fax: 1-888-899-2505

The post office box remains the same:

P.O. Box 85344
San Diego, CA 92186-5344

This information is reflected on provider manual replacement page tar field 8 (Part 2).

Instructions for Manual Replacement Pages

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Part 2

Remove and replace: hcpcs iii 3/4 *
 inject 33/34
 inject list 1/2 *, 9/10 *
 modif used 3/4 *, 9/10 *
 non ph 11/12 *
 oth hlth 7/8 *
 rehab 3/4
 tar field 7/8
 ub comp op 5/6 *, 19/20 *

Remove and replace
at the end of the
UB-92 Completion:
Outpatient Services
section:

*Code Correlation Guide 1/2 **

* Pages updated/corrected due to ongoing provider manual revisions.